



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/13/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000016691

FACILITY NAME -> JEP MFG GROUP

MAILING ADDRESS -> 500 PEDRICKTOWN RD
SWEDESBORO, NJ 08085

INSTALLATION ADDRESS -> 500 PEDRICKTOWN RD
SWEDESBORO, NJ 08085

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: MCGOVERN, MARK
PLT MANAGER
JEP MFG GROUP
500 PEDRICKTOWN RD
SWEDESBORO, NJ 08085

Please print or type with ELITE

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

97-1-06

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

AJR0000016691

II. Name of Installation (Include company and specific site name)

JEP Manufacturing Group

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

500 PETERICKTOWN Road

Street (Continued)

City or Town

Swedesboro

State

Zip Code

NJ 08085

County Name

Gloucester

IV. Installation Mailing Address

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

McGovern

Mark

Job Title

Phone Number (Area Code and Number)

Plant Manager

609 241 1503

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box



City or Town

State

Zip Code

VII. Ownership

A. Name of Installation's Legal Owner

PHOENIX HOME LIFE INSURANCE

Street, P.O. Box, of Route Number

1 AMERICAN ROW

City or Town

State

Zip Code

HARTFORD

CT 06103

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

603 241 1900



Yes

No

From: Jack Hoyt, AWM, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

GSA No. 0246-EPA-O:

A. Hazardous Waste Activity

1. Used Oil Fuel Marketer

1. Used Oil Fuel Marketer
 - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
 - ☐ a. Utility Boiler
 - ☐ b. Industrial Boiler
 - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 - ☐ a. Transporter
 - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 - ☐ a. Process
 - ☐ b. Re-refine

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number, See instructions.)

X. Certification

Signature ORIGINAL GENERATOR

Name and Official Title (Type or print)

Date Signed _____

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)